

HOWISON & ARNOTT, L.L.P.

A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

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PATENT AND TRADEMARK MATTERS

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SERIAL NO.: 09/901,918
ATTACHED: Transmittal (1); Fee Transmittal (1); Ext. (1); Notice of Appeal (1); Credit Card Payment Form (1)

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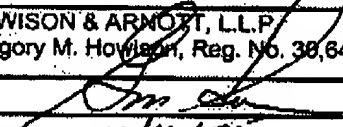
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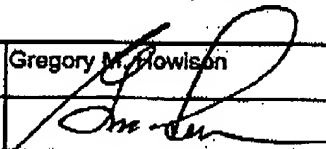
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/901,918	
	Filing Date	July 9, 2001	
	First Named Inventor	Ken Fernald	
	Art Unit	2186	
	Examiner Name	Matthew D. Anderson	
Total Number of Pages in This Submission	5	Attorney Docket Number	CYGL-24,692

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Form.
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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT		(\$)		1,520.00	
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Complete if Known		RECEIVED CENTRAL FAX CENTER NOV 14 2005
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First Named Inventor	Kenneth Fernald	
Examiner Name	Matthew D. Anderson	
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<h3 style="text-align: center;">METHOD OF PAYMENT (check all that apply)</h3> <p><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <p>Deposit Account Number: 20/0780-CYGL-24,692</p> <p>Deposit Account Name: HOWISON & ARNOTT, L.L.P.</p> <p>The Director is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p> <h3 style="text-align: center;">FEE CALCULATION</h3> <h4>1. BASIC FILING FEE</h4> <table border="1" style="width: 100%;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001 790</td> <td>2001 395</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002 350</td> <td>2002 175</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003 550</td> <td>2003 275</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004 780</td> <td>2004 385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005 160</td> <td>2005 80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3">SUBTOTAL (1)</td> <td>(\$)</td> </tr> </tbody> </table> <h4>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</h4> <p>Total Claims: <input type="text"/> -20** = <input type="text"/> X <input type="text"/> = <input type="text"/></p> <p>Independent Claims: <input type="text"/> -3** = <input type="text"/> X <input type="text"/> = <input type="text"/></p> <p>Multiple Dependent: <input type="text"/> = <input type="text"/></p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201 68</td> <td>2201 44</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203 300</td> <td>2203 150</td> <td>Multiple dependent claims, if not paid</td> <td></td> </tr> <tr> <td>1204 88</td> <td>2204 44</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3">SUBTOTAL (2)</td> <td>(\$)</td> </tr> </tbody> </table> <p>*or number previously paid, if greater. 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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Gregory M. Howison	Registration No. (Attorney/Agent)	30,646
Signature	<i>[Signature]</i>	Telephone	972-680-6050
		Date	11/14/05

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